



Consent for Treatment of a Minor & Unaccompanied Minor

A patient under the age 18 is a minor and must have the consent of a parent or a legal guardian before health care services are provided, apart for a few exceptions.¹

Minor's Name: _____ Date of Birth: _____

CONSENT TO TREAT. As the parent or legal guardian of the above-named minor, I hereby authorize and give consent to WinnMed, its hospitals, clinics, staff, and providers to administer diagnostic and/or medical treatment, for the above-named minor.

This release form is for the purpose of authorizing continued medical treatment. I hold harmless the healthcare providers and others who act in good faith upon this authorization.

OPTIONAL CONSENT. Written authorization or permission from a parent or legal guardian is required to treat a minor if the parent or legal guardian cannot be present. In the context of a scheduled appointment, if the authorization is not received, the appointment may be rescheduled until the appropriate permission is obtained.

As the parent or legal guardian, I authorize and give consent to WinnMed, its hospital, clinics, staff, and providers (initial all that apply):

[] to administer and/or perform all diagnostic and/or medical treatment (including the administration of anesthetics) which the attending physician deems necessary, if the minor is accompanied by:

_____, _____
Print name Relationship

_____, _____
Print name Relationship

_____, _____
Print name Relationship

[] to administer diagnostic and/or medical treatment to an unaccompanied minor (may come to the clinic on own if 12 or older), with the exception of immunizations/vaccinations or injections (immunizations/vaccines will not be administered unless a parent/legal guardian, or the adult listed below, is present).

[] to allow the following to sign a consent for the administration of immunizations/vaccines or injections:

1 Exceptions to the requirement for parental/guardian consent:

- Emergency care, if a parent or guardian is not readily available
- Emancipated minors by court order or marriage, or if minor was incarceration as an adult
- Specific health care services related to reproductive health (including contraceptive services, prevention of sexually transmitted infections, including vaccines for hepatitis B and HPV, testing and treatment of sexually transmitted infections, including HIV), substance or alcohol use treatment, and smoking cessation (only for those age 12 or older)

Print name Relationship

Print name Relationship

Print name Relationship

If the parent or legal guardian wishes to revoke any aspect of this document, it is the responsibility of the parent or guardian to notify WinnMed in writing of any revocation. The parent or guardian understands any such revocation does not apply to services that were performed prior to the date of revocation.

This release shall expire on _____.²
(date)

Parent/Guardian's Name: _____
(Print Name)

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Address: _____

Parent/Guardian's Phone: _____
Home Cell Work

If signing electronically, I agree and understand that all electronic signatures are the legal equivalent of my manual/handwritten signature.

Parent/Guardian's Electronic Signature: _____ Date: _____

² If no expiration date is indicated, the authorization will not expire until the patient reaches the age of majority or the authorization has been revoked in writing, as explained above.